

EPA Form 8900-1



United States
[ vironmental Protection Agency Washington DC 20460

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This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

NYS 000 001

B Site Location: Enter the common name (if known) and actual location of the site.  NYD 98 053/768  C Person to Contact: Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.  D Dates of Waste Handling: Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.  Waste Type: Choose the option you prefer to complete Option I: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site. Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.  I — Organics  I — Mining  I — Mining  I — Mining  I — Mining  I — Grandis  I — Mining  I — Grandis  I — Mining  I — Grandis  I — Grandis  I — Grandis  I — Grandis  I — Mining  I — Grandis  I — Gran	A	Person Required to Notify:								
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4.   Pesticides   4.   Fertilizer   5.   Heavy metals   5.   Paper/Printing   6.   Acids   6.   Leather Tanning   7.   Bases   7.   Iron/Steel Foundry   8.   PCBs   8.   Chemical, General   9.   Mixed Municipal Waste   9.   Plating/Polishing   10.   Unknown   10.   Military/Ammunition   11.   All Other (Specify)   11.   Electrical Conductors   12.   Transformers   13.   Utility Companies   14.   Sanitary/Refuse   15.   Photofinish   16.   Lab/Hospital   17.   Unknown   18.   Other (Specify)   18.   Other (Specify)		_	•							
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rorm Approved		Form Approved OMB No. 2000-0138				4			33704	<b>5</b>

,	Notification of Hazardous Waste Size	Side Two		1						
F	Waste Quantity	Facility Type	Total Facility Waste Amount cubic feet							
	Place an X in the appropriate boxes to indicate the facility types found at the site.	1. ☐ Piles								
	In the "total facility waste amount" space	2. Land Treatment 3. Landfill	gallons 715	9						
	give the estimated combined quantity (volume) of hazardous wastes at the site	4. 🗆 Tanks	Total Facility Area	Total Facility Area						
	using cubic feet or gallons.	<ul><li>5. ☐ Impoundment</li><li>6. ☐ Underground Injection</li></ul>	square feet 200 S							
	In the "total facility area" space, give the estimated area size which the facilities	7. Drums, Above Ground								
	occupy using square feet or acres.	8. ☑Drums, Below Ground 9. ☐ Other (Specify)								
G	Known, Suspected or Likely Releases									
	Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.									
	Note: Items Hand I are optional. Completin hazardous waste sites. Although completing	g these items will assist EPA and State a ig the items is not required, you are enco	nd local governments in uraged to do so.	locating and assessing						
H	Sketch Map of Site Location: (Option	al)	-							
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate			• • • • • • • • • • • • • • • • • • •						
	the site location. Draw an arrow showing the direction north. You may substitute a	: ,								
	publishing map showing the site location.	,								
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		•								
1	Description of Site: (Optional)			······						
	Describe the history and present conditions of the site. Give directions to									
	the site and describe any nearby wells, springs, lakes, or housing. Include such									
	information as how waste was disposed and where the waste came from. Provide	•								
	any other information or comments which	•								
	may help describe the site conditions.		X							
				·						
Ĵ	Signature and Title:	None								
	The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing	Name		Owner, Present						
		Street	X.	☐ Owner, Past ☐ Transporter ☐ Operator, Present						
		City A States	Zip Code							
	notification, the signature is optional.  Check the boxes which best describe the	State State	☐ Operator, Past ☐ Other							
	relationship to the site of the person required to notify. If you are not required	Signature WWW A MILWOOD	Date 6-8-81	. Other						
	to notify check "Other".									